

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001998

FILED
Apr 27, 2012
Secretary of State

Entity Name: NAUTICA ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ADVANTAGE PROPERTY MGMT
1111 SE FEDERAL HWY. SUITE 100
STUART, FL 34994

New Principal Place of Business:

C/O SOUTHERN SHORES MGMT INC
4524 GUN CLUB ROAD , SUITE 105
WEST PALM BEACH, FL 33415

Current Mailing Address:

C/O ADVANTAGE PROPERTY MGMT
1111 SE FEDERAL HWY. SUITE 100
STUART, FL 34994

New Mailing Address:

C/O SOUTHERN SHORES MGMT INC
4524 GUN CLUB ROAD , SUITE 105
WEST PALM BEACH, FL 33415

FEI Number: 65-1089758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PKWY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

DICKER, KRIVOK AND STOLOFF
1818 S. AUSTRALIAN AVE SUITE 400
WEST PALM BEACH, FL 33409 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ED DICKER

04/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: LOPERFIDO, ROBERT
Address: 5098 BRIGHT GALAXY LANE
City-St-Zip: GREENACRES, FL 33463

Title: PD
Name: BUCCHERE, ROBERT
Address: 5074 NAUTICA LAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: TD
Name: DAVIS, WILLIAM
Address: 5072 NAUTICA LAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: SD
Name: VALDIVIA, CLAUDIA
Address: 5031 STARBLAZE DRIVE
City-St-Zip: GREENACRES, FL 33463

Title: D
Name: KUSKE, BETTINA
Address: 5160 AURORA LAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BUCCHERE

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date